

Patient Screening Form for Clinics Providing FluMist® (Nasal Spray) during the 2004-05 Flu Season

Healthy people 5 through 49 years of age can be protected against influenza with FluMist®. Complete this form to see if you (or your child) can be vaccinated with FluMist® during the 2004-05 flu season.

SECTION 1	
ADULTS	
Answer these questions.	
Yes No	
	Are you 50 years of age or older?
	Are you a doctor, nurse, family member, or anyone else and have close contact with anyone with a severely weakened immune system requiring care in a protected environment?
	Are you pregnant?
	Do you have a long-term health problem such as: Heart disease, kidney disease, lung diseases like asthma, metabolic diseases like diabetes, blood disorders like anemia, or a weakened immune system caused by, for example, cancer, cancer treatment like x-rays or drugs, HIV/AIDS, or other drugs that weaken the immune system (If you're not sure, ask a health care provider.)?
	Have you ever had a serious allergic reaction to eggs?
	Have you ever had a serious reaction to a previous dose of influenza vaccine?
	Do you have a fever, or are you severely ill today?
If you checked "Yes" to any of the above questions, you SHOULD NOT get a vaccination with FluMist®. You should get a vaccination with FluMist® only if you answered "No" to all of the above questions.	
Adults 18 through 49 years of age who live with or care for one or more infants less than 6 months of age or are health-care workers involved in direct, hands-on, face-to-face patient care, except care involving persons with a severely weakened immune system (i.e., requiring care in a protected environment such as bone marrow transplant patients), are encouraged to be vaccinated with FluMist®. If you have questions, speak with a health care provider (e.g., doctor, nurse, pharmacist)	
SECTION 2	
PARENTS/LEGAL GUARDIANS OF A CHILD 5 THROUGH 17 YEARS OF AGE	
Answer these questions.	
Yes No	uestions.
	Is your child 4 years of age or younger?
	Does your child have a long-term health problem such as:
	Heart disease, kidney disease, lung diseases like asthma, metabolic diseases like diabetes, blood disorders like anemia, or a weakened immune system caused, for example, by cancer, cancer treatment like x-rays or drugs, HIV/AIDS, or other drugs that weaken the immune system (If you're not sure, ask a health care provider.)?
	Has your child ever had a serious allergic reaction to eggs?
	Has your child ever had a serious reaction to a previous dose of influenza vaccine?
	Does your child have a fever or a severe illness today?
	Is your child on long-term aspirin treatment?
If you checked "Yes" to any of the above questions, your child SHOULD NOT get a vaccination with FluMist [®] . Your child should get a vaccination with FluMist [®] only if you answered "No" to all of the above questions. If you have questions, speak with a health care provider (e.g., doctor, nurse, pharmacist)	
Your child shoul	ld get a vaccination with FluMist® only if you answered "No" to all of the above questions.



For more information, ask your healthcare provider or call **1–800–CDC–INFO**, or visit our website at **www.cdc.gov/flu**

